| AMENDMENT TRANSMITTAL LETTER  |                                 |                              |                                   |              | Docket No.<br>1155-0274P |          |
|---|---------------------------------|------------------------------|-----------------------------------|--------------|--------------------------|----------|
| Application No.   |                                 | Filing Date                  |                                   | Examiner     |                          | Art Unit |
| 10/713,278-Conf. #1467  |                                 | November                     | 17, 2003                          | R. D. Harlaı | 1                        | 1713     |
| Applicant(s): Junichi IMUTA et al.  |                                 |                              |                                   |              |                          |          |
| POLAR GROUP-CONTAINING OLEFIN COPOLYMER, PROCESS FOR PREPARING THE Invention: SAME, THERMOPLASTIC RESIN COMPOSITION CONTAINING THE COPOLYMER, AND       |                                 |                              |                                   |              |                          |          |
| USES THEREOF  |                                 |                              |                                   |              |                          |          |
| MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. |                                 |                              |                                   |              |                          |          |
| The fee has been calculated and is transmitted as shown below.  |                                 |                              |                                   |              |                          |          |
| CLAIMS AS AMENDED   |                                 |                              |                                   |              |                          |          |
| Claims Highest  |                                 |                              |                                   |              |                          |          |
|   | Remaining<br>After<br>Amendment | Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate         |                          |          |
| Total Claims  | 52                              | - 53 =                       | 0                                 | x 50.00      |                          | 0.00     |
| Independent<br>Claims   | 6                               | - 6 =                        | 0                                 | x 200.00     |                          | 0.00     |
| Multiple Dependent Claims (check if applicable)   |                                 |                              |                                   |              |                          |          |
| Other fee (please specify):   |                                 |                              |                                   |              |                          |          |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:  |                                 |                              |                                   |              |                          | 0.00     |
| x Large Entity Small Entity   |                                 |                              |                                   |              |                          |          |
| x No additional fee is required for this amendment.   |                                 |                              |                                   |              |                          |          |
| Please charge Deposit Account No in the amount of \$  A duplicate copy of this sheet is enclosed.   |                                 |                              |                                   |              |                          |          |
| A check in the amount of \$ is enclosed.  |                                 |                              |                                   |              |                          |          |
| Payment by credit card. Form PTO-2038 is attached.  |                                 |                              |                                   |              |                          |          |
| The Director is hereby authorized to charge and credit Deposit Account No02-2448  |                                 |                              |                                   |              |                          |          |
| as described below. A duplicate copy of this sheet is enclosed.  x Credit any overpayment.  |                                 |                              |                                   |              |                          |          |
| x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  |                                 |                              |                                   |              |                          |          |
| 64 R L L 1 1 1 28, 78/ Dated: May 31, 2007  |                                 |                              |                                   |              |                          |          |
| Marc S. Weiner Attorney Reg. No.: 32,181  |                                 |                              |                                   |              |                          |          |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP  |                                 |                              |                                   |              |                          |          |
| 8110 Gatehouse Road<br>Suite 100 East   |                                 |                              |                                   |              |                          |          |
| P.O. Box 747  |                                 |                              |                                   |              |                          |          |
| Falls Church, Virginia 22040-0747<br>(703) 205-8000   |                                 |                              |                                   |              |                          |          |
| (100) 200-0000  |                                 |                              |                                   |              |                          |          |
|   |                                 |                              |                                   |              |                          |          |
|   |                                 |                              |                                   |              |                          |          |